Hospital inpatient care of people with mental health problems in Scotland

Trends up to 31 March 2016

Publication date – 14 March 2017
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Introduction

This publication by the Information Services Division (ISD) presents information on patients with mental health problems or learning disability who have been cared for as inpatients or day cases in Scottish hospitals. It also includes records from certain care homes contracted by NHS Boards to provide this care. This report includes information up to 31 March 2016 for all NHS Boards of residence and treatment.

Following on from the 2016 report, patients who are treated for primary mental health conditions in general hospitals are included in this report along with the more traditional mental health inpatients treated in a psychiatric hospital or unit. This allows ISD to provide a more comprehensive analysis of inpatient mental health pathways in Scotland.

The 2016 publication of these data featured the specialty of Learning Disabilities, this year’s publication looks to continue this work by adding another year of analysis and intelligence to it.

The assessment in early 2017 by the United Kingdom Statistics Authority of the 2016 mental health publication, led to the publication gaining the respected National Statistics accreditation.

In an effort to minimise duplication of information published elsewhere by ISD, this report does not contain information on,

- length of stay
- readmission rates
- mental health spend
- beds

Further detail on these and other data can be found within the Mental Health Benchmarking Toolkit.

Proposed changes to the ‘inpatient mental health’ publication

ISD is committed to producing information that best meets the needs of our customers. We would like to seek your views on our proposal to make changes to the format of our publication.

We are considering a number of changes to the publication including:

- Releasing more interactive visual content.
- Releasing more open data. This will be in an aggregated format rather than individual records to avoid disclosure of patient details.
- Releasing summary data without commentary as soon as possible after data are complete (November 2017) and then releasing a more in depth report including commentary at a later date.
- Releasing some tables once every three years (rather than annually).
- Removing content which customers no longer find useful.

We welcome any comments on these proposals or other suggestions for improvements. If you wish to be involved in the process of improving and developing this publication, please email nss.isdmentalhealth@nhs.net by 31 May 2017.
Information sources

Information on mental health inpatients is recorded in the dataset Scottish Morbidity Record 04 (SMR04). Information on non-psychiatric specialties is recorded in the Scottish Morbidity Record 01 (SMR01). Both types of SMR record are produced by NHS Boards and submitted to ISD for collation and analysis at Scotland level.

It should also be noted that an increasing amount of care for mental illness takes place in the community, for example through specialist community mental health teams and general practice. This is an area we hope to understand more fully following the inception of the community mental health database that now forms part of the Community Health Activity Dataset (CHAD).

For further background on SMR01, SMR04 and the community mental health datasets, please see Appendix 1.

Data completeness

The report includes information up to 31 March 2016, captured at the end of December 2016 for all NHS Boards of residence and NHS Boards where treatment occurred. The data are deemed to be 97% complete.

A recent data quality assurance project was carried out to review accuracy and data completeness of SMR04 for the recording of selected administrative and clinical data items in line with national standards. Findings of this review suggested that although some training needs were identified, the data held in SMR04 was fit for purpose. SMR01 data has consistently been audited as being of a high standard of accuracy and completeness.

For further information on national data completeness and data quality, please see Managing Data Quality on our website.
This report uses the term ‘hospitals’ to cover all settings where care is given rather than specify hospital or care home. Similarly, as the vast majority of records (over 98%) are inpatients the report will refer to inpatient care rather than differentiate between inpatients and daycases. Figure 1 shows the different hospital settings where patients with mental health problems or learning disability are cared for as inpatients.

Further reading and related information sources

Psychiatric outpatient and community care are key services in the treatment of mental health problems. Although this report does not include data on these services, more details are provided in the Links to related information sources and publications section.

Information on the population prevalence of common mental health problems, and indicators of mental wellbeing, can be found on the Scottish Public Health Observatory’s Mental Health web pages.
Main points

Patients treated for mental health conditions in all hospital wards

- Overall mental health discharges have reached over 39,000 for the first time since 1998/99. In 2015/16, for the first time ever the number of discharges of people with a primary mental health diagnosis from non-psychiatric specialties overtook those from psychiatric specialties.

- Discharges from psychiatric specialties decreased from just under 30,000 in 1997/98 to 19,069 in 2015/16, whilst discharges from non-psychiatric specialties increased from just under 9,500 to over 20,000.

- Among non-psychiatric specialties, discharges for ‘delirium’ increased by over 5,000 (from 225 in 1997/98 to 5,631 in 2015/16), and discharges for ‘mental and behavioural disorders due to psychoactive substance use’ has almost doubled (from 5,334 in 1997/98 to 10,298 in 2015/16). These diagnoses therefore make up the vast majority of mental health discharges from non-psychiatric specialties.

Patients treated in psychiatric specialties up until 2015/16

- There were around 21,550 admissions and discharges in psychiatric specialties in 2015/16, a slight increase from the previous year (around 21,000).

- In 2015/16, people living in the most deprived areas were around four times more likely to experience psychiatric inpatient care than people living in the least deprived areas.

Patients treated in the Learning Disability specialty

- Between 1997/98 and 2005/06 discharges from the Learning Disability specialty fell sharply from around 4,700 to around 1,700, but have started to level out in more recent years. This reflects changes in patterns of care, moving away from long term hospital care towards more community based care.

- People living in the most deprived areas were over than four times more likely to experience an episode of inpatient care in the Learning Disability specialty than those living in the least deprived areas.

- Of all patients treated in the Learning Disability specialty between 2010/11 and 2015/16, 60% were male.
Results and Commentary

Section 1 – Patients treated for mental health conditions in all hospitals

The majority of inpatient care of mental health patients takes place in the specialties of General Psychiatry (psychiatric specialty, recorded on SMR04) and General Medicine (non-psychiatric specialty, recorded on SMR01). Figure 1 below provides detail on the number of patients with a mental health problem or a learning disability discharged from hospital, by speciality.

Figure 1 – Treatment settings for mental health\textsuperscript{1,2} or learning disability inpatients discharged from hospitals in Scotland\textsuperscript{3}, 2015/16

![Figure 1: Treatment settings for mental health or learning disability inpatients discharged from hospitals in Scotland, 2015/16](image)

Source: SMR04 (psychiatric) and SMR01 (non-psychiatric).

1. The bar showing psychiatric specialties includes all discharges from these specialties, regardless of their main diagnosis.
2. The bar showing selected non-psychiatric specialties only includes discharges with a main diagnosis of Mental and behavioural disorders (ICD10 codes F00-F99).
3. Includes discharge records for all patients treated in Scotland.

Discharges

This section of the report describes in more detail the cohort of people whose primary diagnosis at the time of discharge was a mental health disorder (ICD10 code F00-F99), and who were admitted to hospital.

For simplicity, this group of patients, defined by their diagnosis, will be called ‘mental health patients’. Also, the term ‘specialty type’ will be used to refer to the following two groups; ‘psychiatric specialties’ (data sourced from SMR04) and ‘non-psychiatric specialties’ (data sourced from SMR01).

All of the tables in section 1 of the report are available [here](#) and include a notes and definitions section containing guidance around the data use for this section.
Table 1.1: Numbers of discharges and patients\textsuperscript{1} with a main diagnosis of mental and behavioural disorders\textsuperscript{2}, treated in Scottish hospitals\textsuperscript{3}, by specialty\textsuperscript{4,5}, 2015/16.

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Specialty</th>
<th>Number of discharges</th>
<th>%</th>
<th>Number of patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grand total</td>
<td>39,159</td>
<td>100%</td>
<td>22,402</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Psychiatric specialties total</td>
<td>19,069</td>
<td>49%</td>
<td>13,029</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>General Psychiatry</td>
<td>14,946</td>
<td>38%</td>
<td>9,908</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Psychiatry of Old Age</td>
<td>3,422</td>
<td>9%</td>
<td>2,720</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Forensic Psychiatry</td>
<td>408</td>
<td>1%</td>
<td>309</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Child &amp; Adolescent Psychiatry</td>
<td>293</td>
<td>1%</td>
<td>238</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Non-psychiatric specialties total</td>
<td>20,090</td>
<td>51%</td>
<td>10,353</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>General Medicine</td>
<td>12,000</td>
<td>31%</td>
<td>7,106</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Medicine of Old Age</td>
<td>3,646</td>
<td>9%</td>
<td>2,313</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Acute Medicine</td>
<td>997</td>
<td>3%</td>
<td>782</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Accident &amp; Emergency</td>
<td>831</td>
<td>2%</td>
<td>736</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Gastroenterology</td>
<td>693</td>
<td>2%</td>
<td>532</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>GP other than Obstetrics</td>
<td>570</td>
<td>1%</td>
<td>509</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1,353</td>
<td>3%</td>
<td>1,039</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: SMR04 and SMR01.

1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties. The patient total for each specialty type is therefore less than the sum of all the individual specialties.
2. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99
3. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
4. The figures presented here differ from those in Figure 1 in main report as these only include discharges/patients with a main diagnosis of mental and behavioural disorders.
5. Excludes discharges from the Learning Disability specialty see section 3.

Table 1.1 shows that over half of all discharges (51\%) were from non-psychiatric specialties.

Nearly nine out of ten (88.3\%) patients discharged from a psychiatric hospital had a main diagnosis of ‘mental and behavioural disorders’, while in acute hospitals the equivalent figure is only 1.2\%.

Patients who are admitted for ‘General psychiatric examination’ and ‘Observation for suspected mental and behavioural disorders’ account for around 8\% of discharges from a psychiatric hospital.

Of discharges recorded from an acute hospital with a primary mental health diagnosis, under a third (31\%) were from the specialty of General Medicine. A further 9\% of these discharges were from Medicine of Old Age.
Figure 1.1: Number of discharges\textsuperscript{1} with a main diagnosis of mental and behavioural disorders\textsuperscript{2}, by specialty\textsuperscript{3,4,5}, 2015/16

![Bar chart showing the number of discharges by specialty.](chart.png)

Source: SMR04 and SMR01.

1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties. The patient total for each specialty type is therefore less than the sum of all the individual specialties.
2. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99
3. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
4. The figures presented here differ from those in Figure 1 in main report as these only include discharges/patients with a main diagnosis of mental and behavioural disorders.
5. Excludes discharges from the Learning Disability specialty see section 3.

In Figure 1.1 the spread of specialties for discharges is illustrated. Psychiatric specialties are shown in red and non-psychiatric specialties in blue.
Discharges over time

Figure 1.2: Discharges\(^1\) with a main diagnosis of mental and behavioural disorders\(^2\), by specialty type\(^3,4\), 1997/98–2015/16

![Discharges chart]

Source: SMR04 and SMR01.

1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties. The patient total for each specialty type is therefore less than the sum of all the individual specialties. This table relates to the number of discharges rather than patients, therefore the same patient may be counted multiple times.

2. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.

3. Excludes discharges from the Learning Disability specialty see section 3.

4. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.

Figure 1.2 shows how the volume of discharges has changed from 1997/98 to 2015/16 where a main diagnosis of mental and behavioural disorders was recorded.

The total number of discharges initially decreased from over 39,000 in 1997/98 to a low of just under 32,500 in 2009/10, before increasing again to over 39,000 in 2015/16. The number of these discharges from psychiatric specialties decreased over the whole period, from just under 30,000 to 19,069. At the same time, discharges from non-psychiatric specialties increased from just under 9,500 to over 20,000.
Discharge diagnosis

Corresponding trends by selected diagnosis groupings for psychiatric and non-psychiatric specialties can be seen in Figures 1.3.1 and 1.3.2 below.

Figure 1.3.1: Discharges\(^1\) from psychiatric specialties with a main diagnosis of mental and behavioural disorders\(^2\), by selected diagnosis groupings\(^3\), 1997/98–2015/16

![Discharge diagnosis chart for psychiatric specialties](chart-psychiatric)

Figure 1.3.2: Discharges\(^1\) from non-psychiatric specialties with a main diagnosis of mental and behavioural disorders\(^2\), by selected diagnosis groupings\(^3\), 1997/98–2015/16

![Discharge diagnosis chart for non-psychiatric specialties](chart-non-psychiatric)
1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties. The patient total for each specialty type is therefore less than the sum of all the individual specialties.

2. Excludes discharges from the Learning Disability specialty.

3. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.

In 2015/16, for the first time the number of discharges from non-psychiatric specialties overtook those from psychiatric specialties. This trend appears to signify that psychiatric care has shifted away from the longer term specialised mental health specialties into non-psychiatric specialties, but the more detailed analysis below does not support this.

When this trend was broken down by diagnosis (Figures 1.3.1 & 1.3.2), the increase in discharges from non-psychiatric specialties was mostly for diagnoses of ‘delirium’ (ICD10 code F05) or ‘mental and behavioural disorders due to psychoactive substance use’ (ICD10 codes F10-F19). Discharges for ‘delirium’ increased by over 5,000 (from 225 in 1997/98 to 5,631 in 2015/16), and discharges for ‘mental and behavioural disorders due to psychoactive substance use’ has almost doubled (from 5,334 in 1997/98 to 10,298 in 2015/16). Discharges for the ‘organic’ group stayed fairly consistent over the date range. The changing demographics of the population, and co-morbidities amongst older people are likely to be factors contributing to the apparent shift and increase in ‘delirium’ as a main recorded diagnosis from psychiatric to non-psychiatric specialties.

In psychiatric specialties there were very few discharges for ‘delirium’ (less than 200 per year) over the period 1997/98 to 2015/16. Both discharges for ‘mental and behavioural disorders due to psychoactive substance use’ and the ‘other’ category decreased by a similar proportion (5,675 in 1997/98 to 3,625 in 2015/16) and (19,247 in 1997/98 to 13,537 in 2015/16). Discharges for the ‘organic’ group decreased by 3,000 (from 4,642 in 1997/98 to 1,759 in 2015/16).

The only diagnosis where a decrease in discharges in psychiatric specialties corresponded with an increase in discharges from non-psychiatric specialties was ‘mental and behavioural disorders due to psychoactive substance use’. This suggests that most of the discharges that once took place in psychiatric specialties, for this diagnosis, have perhaps shifted from psychiatric to non-psychiatric specialties during this time period. However, a decrease of 2,000 ‘mental and behavioural disorders due to psychoactive substance use’ from psychiatric specialties only accounts for part of the increase in this diagnosis of almost 5,000 in non-psychiatric specialties. Part of this increase may also be explained by the apparent rise in hospital stays for various drugs such as new psychoactive substances/Legal Highs and more traditional drugs including opioids and cocaine.

More information can be found here to published statistics on drug and alcohol misuse data.
Comparison of patients treated in psychiatric hospitals, non-psychiatric hospitals, or both

In the remainder of Section 1, patients discharged with a main diagnosis of ‘mental and behavioural disorders’ over the five-year period 2010/11-2015/16 have been split into three categories by specialty type:

1. **Psychiatric**: Those with discharges from psychiatric specialties only, in the entire time period.
2. **Non-psychiatric**: Those with discharges from non-psychiatric (acute) specialties only, in the entire time period.
3. **Both**: Those with discharges from both psychiatric and non-psychiatric specialties.

The records of patients in category 3 may be component parts of one single stay in hospital where the patient was transferred between non-psychiatric and psychiatric specialties. Alternatively the records could be part of two completely different stays.
Figure 1.4.1: Percentage of patients\textsuperscript{1,2} with a main diagnosis of mental and behavioural disorders\textsuperscript{3} discharged from hospitals in Scotland\textsuperscript{4}, by specialty type\textsuperscript{5}, 2010/11 - 2015/16

Source: SMR0\textsuperscript{4} and SMR0\textsuperscript{1}.

1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties. The patient total for each specialty type is therefore less than the sum of all the individual specialties.

2. Patients are counted under “Both” for a particular diagnosis if they had at least one discharge with that primary diagnosis in both a psychiatric and non-psychiatric specialty.

3. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.

4. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.

5. Excludes discharges from the Learning Disability specialty see section 3.

Figure 1.4.1 shows that out of over 95,000 patients treated for ‘mental and behavioural disorders’ in the time period 2010/11-2015/16, 51% only had discharges from psychiatric specialties, 41% only had discharges from non-psychiatric specialties and the remaining 9% had a mixture of discharges from psychiatric and non-psychiatric specialties.
Figure 4.2: Percentage of patients1,2 with a main diagnosis of mental and behavioural disorders3 discharged from hospitals in Scotland4, by specialty type5 and NHS board of treatment6,7, 2010/11 - 2015/16

The breakdown by the three categories shows that most NHS Boards of treatment have a similar breakdown to Scotland as a whole. Of the mainland boards, Forth Valley and Tayside have the highest proportion of patients with discharges only from psychiatric specialties (70% and 65% respectively). Borders has the highest proportion of non-psychiatric discharges only while Dumfries & Galloway and Highland show the greatest proportion of both psychiatric and non-psychiatric discharges.

Source: SMR04 and SMR01.

1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties. The patient total for each specialty type is therefore less than the sum of all the individual specialties.

2. Patients are counted under “Both” for a particular diagnosis if they had at least one discharge with that primary diagnosis in both a psychiatric and non-psychiatric specialty.

3. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.

4. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.

5. Excludes discharges from the Learning Disability specialty, see section 3.

6. All Orkney and Shetland psychiatric patients are treated by a mainland board as they have no psychiatric hospitals within their board area. Therefore, all discharges in these NHS Boards are from non-psychiatric specialties.

7. The State Hospital (Carstairs) is a mental health hospital only. Therefore, all discharges from this hospital are psychiatric discharge records.
Patients by diagnosis groupings

This section uses more detailed diagnosis groupings than previous sections, as described in Table 1.2.

Two of these categories (‘Organic mental disorders’ and ‘Mental disorders due to psychoactive substance use’) were presented as a time trend in Figures 1.3.1 and 1.3.2. Delirium was also presented in Figures 1.3.1 and 1.3.2 but this is a subset of the ‘Organic mental disorders’ group. (These categories were selected as they were the ones that showed the most change over time).

Table 1.2: ICD10 chapter V sub categories and examples of conditions in each grouping.

<table>
<thead>
<tr>
<th>ICD10 Code</th>
<th>Primary diagnosis category</th>
<th>Includes the following conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>F00-09</td>
<td>Organic mental disorders</td>
<td>Dementia, delirium, mental disorders due to brain damage</td>
</tr>
<tr>
<td>F10-19</td>
<td>Mental disorders due to psychoactive substance use</td>
<td>Disorders due to use of: alcohol, licit and illicit drugs and psychoactive substances</td>
</tr>
<tr>
<td>F20-29</td>
<td>Schizophrenia, Schizotypal and delusional disorders</td>
<td>Schizophrenia, psychotic disorders, schizoaffective disorders</td>
</tr>
<tr>
<td>F30-39</td>
<td>Mood (affective) disorders</td>
<td>Depression, mania, bipolar disorder</td>
</tr>
<tr>
<td>F40-49</td>
<td>Neurotic and stress-related disorders</td>
<td>Anxiety disorders, Obsessive-compulsive disorder (OCD), Post-traumatic stress disorder (PTSD), hypochondria, dissociative disorders</td>
</tr>
<tr>
<td>F50-59</td>
<td>Behavioural syndromes associated with physiological disturbances</td>
<td>Eating disorders, sleep disorders, sexual dysfunction</td>
</tr>
<tr>
<td>F60-69</td>
<td>Disorders of adult personality and behaviour</td>
<td>Personality disorders, impulse disorders (pathological fire-setting, stealing etc.)</td>
</tr>
<tr>
<td>F70-79</td>
<td>Intellectual disability</td>
<td>Mild, moderate, severe and profound intellectual disability</td>
</tr>
<tr>
<td>F80-89</td>
<td>Disorders of psychological development</td>
<td>Autism, speech disorders, dyspraxia, developmental dyslexia</td>
</tr>
<tr>
<td>F90-99</td>
<td>Behavioural and emotional disorders with onset in childhood</td>
<td>Attention deficit and hyperkinetic disorders, conduct disorders, tic disorders</td>
</tr>
</tbody>
</table>
Figure 1.5: Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by main diagnosis grouping and specialty type, 2010/11 - 2015/16

Source: SMR04 and SMR01.
1. Patients are counted once within each specialty in which they were treated during the continuous inpatient stay, therefore the same patient may be counted as a discharge in several different specialties.
2. Patients are counted under ‘Both’ for a particular diagnosis if they had at least one discharge with that primary diagnosis in both a psychiatric and non-psychiatric specialty.
3. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.
4. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
5. Excludes discharges from the Learning Disability specialty see section 3.

Figure 1.5 shows that the distribution of care in psychiatric versus non-psychiatric specialties varies with the main diagnostic groupings:

**Psychiatric**

Patients who only have discharges from psychiatric specialties have a range of diagnoses recorded. The most common diagnosis, attributed to 37% of these patients is 'mood (affective) disorders' (F30-39). A diagnosis of 'schizophrenia and delusional disorders' (F20-29) is attributed to 25%, 'mental disorders due to substance misuse' (F10-19) to 21% and 'organic mental disorders' (F00-09) to 15%.'Organic mental disorders' includes conditions like dementia and delirium which predominantly affect older people.

**Non-psychiatric**

In contrast, the majority of patients treated solely in non-psychiatric specialties had one of two main diagnoses; 'mental disorders due to substance use' (F10-F19) (50%) or 'organic mental disorders' (F00-F09) (39%).

**Both specialty types**

Of the patients discharged from both psychiatric and non-psychiatric specialties, 45% had a main diagnosis of ‘mental disorders due to substance use’. This may reflect patterns of
presentation that include the effects of acute intoxication or long term misuse, the need for de-
toxification, or manifestation of psychiatric symptoms due to substance use.

There were no diagnosis groupings in which all patients were exclusively treated in psychiatric or exclusively treated in non-psychiatric specialties. However, patients with a diagnosis of ‘schizophrenia and delusional disorders’ (F20-29), ‘mood (affective) disorders’ (F30-39) or ‘disorders of adult personality and behaviour’ (F60-69) appear much more likely to be treated exclusively in psychiatric specialties (Figure 1.5).

Patients by age group

Figure 1.6: Patients\(^1\)\(^2\) with a main diagnosis of mental and behavioural disorders\(^3\) discharged from hospitals in Scotland\(^4\), by age group and specialty type\(^5\), 2010/11-2015/16

![Patients by age group chart](image-url)

Source: SMR0\(^4\) and SMR0\(^1\).
1. Patients are counted once within the time period. For patients discharged several times in the five-year period, their age is taken at their first admission during the period.
2. Patients are counted under "Both" for a particular diagnosis if they had at least one discharge with that primary diagnosis in both a psychiatric and non-psychiatric specialty.
3. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.
4. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
5. Excludes discharges from the Learning Disability specialty.

Patients discharged only from psychiatric specialties tended to be younger (mean age 49, median age 46 years) than those discharged only from non-psychiatric specialties (mean age 60 and median age 63 years). The age groups with the highest number of patients were 25-34, 35-44 and 45-54 years (psychiatric specialties) and 75-84 and 85 and over (non-psychiatric specialties) (Figure 1.6).

Patients with discharges from both psychiatric and non-psychiatric specialties occurred in each age group, with a peak at 35-44 years.
Patients stay in non-psychiatric and psychiatric hospitals

This section explores whether, within a single hospital stay, there were a mixture of separate stays in each specialty type, or whether patients were transferred between non-psychiatric and psychiatric specialties.

To investigate this we used continuous inpatient stays (CIS). Due to the way SMR records are generated, one CIS in hospital can be made up of multiple SMR records. A new SMR record is created whenever a patient changes specialty, consultant, significant facility or hospital. When these multiple SMR records are grouped to form a CIS for a patient, it is possible to see how many are made up of records in both psychiatric and non-psychiatric specialties and follow an individual inpatient care pathway.

In the period 2010/11-2015/16, there were 95,556 patients discharged with mental health related conditions (ICD10 codes F00-F99). These patients had a total of 166,533 continuous inpatient stays in hospital which in turn were made up of 212,300 SMRIs.

Table 1.3: Continuous Inpatient Stays (CISs) with a main diagnosis of mental and behavioural disorders\textsuperscript{1,2} which involve transfers between psychiatric and non-psychiatric specialties, Scottish hospitals\textsuperscript{3}, 2010/11-2015/16

<table>
<thead>
<tr>
<th>Type of CIS</th>
<th>Number of CISs</th>
<th>% of CISs involving both specialty types</th>
</tr>
</thead>
<tbody>
<tr>
<td>CISs with transfer from non-psychiatric to psychiatric specialty</td>
<td>1,921</td>
<td>75.3%</td>
</tr>
<tr>
<td>CISs with transfer from psychiatric to non-psychiatric specialty</td>
<td>423</td>
<td>16.6%</td>
</tr>
<tr>
<td>CISs with transfers in both directions</td>
<td>206</td>
<td>8.1%</td>
</tr>
<tr>
<td>CISs involving both specialty types</td>
<td>2,550</td>
<td></td>
</tr>
</tbody>
</table>

Source: SMR04 and SMR01.

1. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.
2. Only includes episodes that have an F code recorded as their main diagnosis. If a patient has a stay made up of some episodes with an F code and some without an F code then only the episodes with the F code are included here.
3. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in state hospitals.

The vast majority of CISs (98.5%) were made up entirely of records of one specialty type i.e. the patient did not move between non-psychiatric and psychiatric hospitals. Of the 1.5% who did move from one specialty type to the other, three-quarters of these were transfers from a non-psychiatric specialty to a psychiatric specialty. Transfers the other way were less common, as were transfers from one specialty type to the other and back again.

It is important to note that this analysis only looked at patients with a mental health diagnosis recorded. There may be other diagnoses (such as self-harm) that are likely to involve episodes in both a psychiatric and a non-psychiatric specialty.
Section 2 – Patients treated in psychiatric specialties

This section is based on information collected from psychiatric hospitals on SMR04 and presents similar breakdowns to those in the 2016 report. Not all analyses are commented on in this report but are available in the following separate Excel spreadsheets:

Section-2-1-Scotland-NHSboard-LA  
Section-2-2-Age-Gender  
Section-2-3-Deprivation-UrbanRural  
Section-2-4-Specialty-AdmType-Diagnosis

As was the case last year, there are still some data completeness issues in SMR04, leading to slight undercounts for some NHS Boards and therefore for Scotland as a whole (Appendix 2).

Psychiatric patients over time – Scotland

Figure 2.1 illustrates long-term trends for Scotland for the five SMR04 parameters: admissions, discharges, continuous inpatient stays (CIS or ‘stays’), patients and hospital residents (see Glossary for definitions). The time trend spans 33 years to visualise historic patterns, from financial year 1983/84 (after data linkage became well established) until 2015/16 (the most recent year available).

Figure 2.1: Mental health inpatients\(^1\) in psychiatric specialties in Scottish hospitals\(^2\) number of admissions, discharges, CIS, patients and hospital residents, 1983/84 to 2015/16
Source: SMR04.
1. Excludes discharges from the Learning Disability specialty.
2. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.

There were around 21,550 admissions and discharges in psychiatric specialties in 2015/16, a slight increase from the previous year (around 21,000). There was a similar number of continuous inpatient stays (CIS) in 2015/16 and in 2014/15 (17,528 compared to 17,446).

The number of patients in 2015/16 (14,322) and 2014/15 (14,330) were similar in number and shows an overall decline in patient numbers year on year. Hospital residents, who equated to approximately 3,500 in both years, again showed a gradual decline over the years of data available.

Psychiatric patients by board of residence

The table below shows the numbers and European age-sex standardised rates of discharges in 2015/16 and hospital residents at 31 March 2016, by the NHS Board in which the patient resided. Note that in many cases this is different from the NHS Board where the hospital was located; notably for patients from Orkney and Shetland, where there are no psychiatric inpatient facilities.

Figure 2.2: Numbers and European age-sex standardised rates (EASRs) of mental health inpatient discharges from psychiatric specialties in Scottish hospitals during 2015/16, and hospital residents as at 31 March 2016, by NHS Board of residence

<table>
<thead>
<tr>
<th>NHS Board of residence</th>
<th>Discharges</th>
<th></th>
<th></th>
<th>Hospital residents</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>EASR per 100,000 population</td>
<td>95% LCL</td>
<td>95% UCL</td>
<td>Number</td>
<td>EASR per 100,000 population</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran¹</td>
<td>1,292</td>
<td>364.7</td>
<td>344.8</td>
<td>385.5</td>
<td>198</td>
<td>52.5</td>
</tr>
<tr>
<td>Borders</td>
<td>471</td>
<td>429.6</td>
<td>390.3</td>
<td>471.5</td>
<td>52</td>
<td>46.3</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>783</td>
<td>524.7</td>
<td>487.7</td>
<td>563.7</td>
<td>58</td>
<td>37.4</td>
</tr>
<tr>
<td>Fife</td>
<td>1,482</td>
<td>415.6</td>
<td>394.4</td>
<td>437.6</td>
<td>240</td>
<td>67.3</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>1,356</td>
<td>466.6</td>
<td>440.8</td>
<td>491.4</td>
<td>179</td>
<td>62.7</td>
</tr>
<tr>
<td>Grampian</td>
<td>1,715</td>
<td>293.1</td>
<td>279.3</td>
<td>307.5</td>
<td>277</td>
<td>49.1</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>4,969</td>
<td>440.7</td>
<td>428.3</td>
<td>453.4</td>
<td>973</td>
<td>91.1</td>
</tr>
<tr>
<td>Highland</td>
<td>1,151</td>
<td>370.4</td>
<td>349.0</td>
<td>392.8</td>
<td>171</td>
<td>56.0</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>2,087</td>
<td>328.4</td>
<td>314.3</td>
<td>343.0</td>
<td>370</td>
<td>60.7</td>
</tr>
<tr>
<td>Lothian</td>
<td>3,362</td>
<td>401.7</td>
<td>387.9</td>
<td>415.8</td>
<td>571</td>
<td>73.1</td>
</tr>
<tr>
<td>Orkney</td>
<td>40</td>
<td>192.8</td>
<td>136.9</td>
<td>263.5</td>
<td>*</td>
<td>35.2</td>
</tr>
<tr>
<td>Shetland</td>
<td>14</td>
<td>61.8</td>
<td>33.6</td>
<td>104.0</td>
<td>*</td>
<td>23.6</td>
</tr>
<tr>
<td>Tayside</td>
<td>2,348</td>
<td>573.2</td>
<td>550.0</td>
<td>597.2</td>
<td>279</td>
<td>69.1</td>
</tr>
<tr>
<td>Western Isles</td>
<td>60</td>
<td>214.1</td>
<td>161.8</td>
<td>277.4</td>
<td>19</td>
<td>65.0</td>
</tr>
<tr>
<td>Scottish residents</td>
<td>21,130</td>
<td>400.0</td>
<td>394.6</td>
<td>405.5</td>
<td>3,400</td>
<td>66.0</td>
</tr>
<tr>
<td>Other²</td>
<td>469</td>
<td></td>
<td></td>
<td></td>
<td>112</td>
<td></td>
</tr>
</tbody>
</table>

Source: SMR04.
* Indicates values that have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality.
Due to data completeness issues in NHS Borders and Highland (see Appendix 2) the number of discharges will be slightly underestimated for anyone treated within these Board areas. This affects the figures for Borders and Highland residents, with a smaller effect on other NHS Board areas and the Scotland total.

‘Other’ includes people resident outwith Scotland or with no fixed abode, who are not included in the Scotland residents total.

LCL = lower confidence limit. UCL = upper confidence limit.

Figure 2.2 shows that the rates of both psychiatric hospital discharges and residents vary considerably between NHS Boards. On the basis of overlapping 95% confidence intervals (see Glossary), people living in Tayside, Dumfries and Galloway, Greater Glasgow and Clyde and Forth Valley had a significantly higher rate of psychiatric hospital discharge than the Scottish average. In Tayside and Forth Valley, however, it is worth noting that there are relatively lower rates of discharge from non-psychiatric specialties for mental health problems, in comparison with some other NHS Boards. These results are broadly similar to the results for 2014/15, and to the results published in previous Mental Health Hospital Inpatient Care reports.

Psychiatric patients by deprivation

Figure 2.3: European age-sex standardised rate (EASR)\(^1\) of patients discharged from psychiatric specialties\(^2,3\) in Scottish hospitals\(^4\), by deprivation decile\(^5\), 2015/16

![Bar chart showing European age-sex standardised rate of patients discharged from psychiatric specialties in Scottish hospitals by deprivation decile, 2015/16](chart.png)

Source: SMR04.
1. Age-sex standardised rate (per 100,000 population) based on the European Standard Population 2013.
2. Includes records relating to all discharge diagnoses.
3. Excludes discharges from the Learning Disability specialty.
4. Includes Scotland residents only.
5. The population is divided into tenths according to the 2012 Scottish Index of Multiple Deprivation (SIMD). See Glossary.

Figure 2.3 shows a clear relationship between the deprivation level and the rate of mental health hospital inpatients using Scottish Index of Multiple Deprivation (SIMD) deciles (see Glossary). In 2015/16, people living in the most deprived areas (SIMD decile 1) were around four times more likely to experience psychiatric inpatient care than people living in the least deprived areas (SIMD decile 10).

Numbers and rates of psychiatric hospital inpatient admissions, discharges, stays, patients and residents, by NHS Board of residence, NHS Board of treatment, local authority of treatment, age, sex, deprivation, urban-rural classification, specialty, diagnosis and admission status are all available in the spreadsheets which accompany this publication. Additionally, contained within the section 2.3 spreadsheets, there is RII (Relative Index of Inequality) and SII (Slope Index of Inequality) figures for the last 19 years.
Section 3 – Patients treated in the Learning Disability specialty

Activity from the Learning Disability specialty is included in this publication to provide mental health hospital information for this important population group.

All the tables and figures in section 3 and some additional breakdowns are available in the following Excel spreadsheet: Section-3-Learning-Disability

The source of funding and organisational delivery of learning disability care differs among NHS Boards. Care will generally be provided by a mixture of:

- The NHS Board
- The council (Local authority)
- Not-for-profit or third sector organisations.

Only the NHS care is likely to be recorded in the SMR04 dataset and therefore available for analysis in this report. Different organisational and funding structures result in some marked variation in the data available from each NHS Board.

Discharges over time

Figure 3.1: Trend in discharges, CISs and patients discharged from the Learning Disability specialty in Scotland\(^1\), 1997/98-2015/16

Source: SMR04.

1. The data include people from outwith Scotland who have been treated in Scottish hospitals, including those treated in the state hospital.
The graph shows that:

- Between 1997/98 and 2005/06, discharges and continuous inpatient stays in the Learning Disability specialty fell sharply, but then tailed off and have started to level out.
- There were similar numbers of CISs and discharges, indicating that most stays consist of only one episode.
- The numbers of discharges and CISs in 2015/16 returned to their lower level following the slightly higher figures in the previous year. 2013/14 had the lowest number of each measure over the 19 years for which we have data.
- The number of patients was in general much lower than the number of CISs suggesting that individuals experience multiple episodes of admission.
- The number of patients recorded has also decreased over the time period (from nearly 900 in 1997/98 to just under 300 in 2015/16).

In the past, a significant proportion of people with learning disabilities lived in long-stay hospitals run by the NHS. These were gradually reduced in size and closed throughout the 1990s and early 2000s. Government policy introduced in 2000 explicitly stated that all NHS long-stay hospitals would be closed. As a result of this there was a higher level of discharges during this period. This is seen in Figure 3.1.

Table 3.1 shows numbers of discharges, continuous inpatient stays (CIS) and patients, alongside average length of stay (see Glossary), by NHS Board of treatment, for the six-year period 2010/11-2015/16. NHS Board of treatment is presented in order to show the differences in service provision across Scotland. A breakdown by NHS Board of residence looks very similar and is available in table 3.3 in an accompanying Excel spreadsheet.
Table 3.1: Discharges, CISs, patients and average length of stay in Learning Disability specialty, by NHS Board of treatment\textsuperscript{1,2}, 2010/11-2015/16

<table>
<thead>
<tr>
<th>NHS Board of treatment</th>
<th>Number of discharges</th>
<th>Number of CISs</th>
<th>Average length of CIS (days)</th>
<th>Number of patients</th>
<th>% of all learning disability episodes in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>194</td>
<td>194</td>
<td>253</td>
<td>111</td>
<td>2.7%</td>
</tr>
<tr>
<td>Borders</td>
<td>33</td>
<td>33</td>
<td>28</td>
<td>21</td>
<td>0.5%</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway\textsuperscript{3}</td>
<td>4,956</td>
<td>4,947</td>
<td>5</td>
<td>149</td>
<td>68.0%</td>
</tr>
<tr>
<td>Fife</td>
<td>175</td>
<td>175</td>
<td>391</td>
<td>95</td>
<td>2.4%</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>141</td>
<td>141</td>
<td>305</td>
<td>101</td>
<td>1.9%</td>
</tr>
<tr>
<td>Grampian</td>
<td>173</td>
<td>172</td>
<td>165</td>
<td>102</td>
<td>2.4%</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>209</td>
<td>209</td>
<td>426</td>
<td>140</td>
<td>2.9%</td>
</tr>
<tr>
<td>Highland</td>
<td>63</td>
<td>63</td>
<td>144</td>
<td>47</td>
<td>0.9%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>155</td>
<td>155</td>
<td>106</td>
<td>82</td>
<td>2.1%</td>
</tr>
<tr>
<td>Lothian</td>
<td>867</td>
<td>865</td>
<td>268</td>
<td>184</td>
<td>11.9%</td>
</tr>
<tr>
<td>Tayside</td>
<td>324</td>
<td>323</td>
<td>223</td>
<td>170</td>
<td>4.4%</td>
</tr>
<tr>
<td>Scotland</td>
<td>7,290</td>
<td>7,277</td>
<td>87</td>
<td>1,193</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note that average length of stay can only be calculated for those patients who have been discharged, not those who are still resident at the end of the time period being examined (who may have been inpatients for a long time).

Variation between NHS Boards is almost certainly due to different service delivery models leading to variations in episodes that are recorded in SMR04. Variations in length of stay probably reflect different main uses of the NHS facilities, and in particular the balance of provision between NHS, local authorities and the third sector for shorter (e.g. respite) and longer (e.g. continuing care) episodes.

Figures on prevalence of self-reported learning disability in Scotland were reported for the first time in Scotland’s census 2011 and are available from the Scottish Learning Disability Observatory (SLDO) website. The figures show that there were 26,349 persons with learning disabilities living in Scotland (0.5% of the Scottish population). These percentages range from
0.38% of the population living in NHS Shetland to 0.55% of those living in NHS Greater Glasgow & Clyde. The percentage in NHS Dumfries & Galloway was 0.47%, slightly lower than the percentage for Scotland as a whole.

**Length of Stay**

A small number of care settings provide either very short stays (likely to be respite) or very long stays (likely to be NHS continuing care). NHS Dumfries & Galloway has one location that provides the vast majority of short stays, whilst NHS Lothian has a location with very few discharges and average length of stay over 1,700 days (nearly 5 years). Further interpretation of Length of Stay data requires a fuller understanding of local care provision.
Age group

A breakdown of numbers of patients discharged from the Learning Disability specialty, by age group, is shown in Figure 3.2 below.

**Figure 3.2: Discharges and patients in Learning Disability specialty\(^1\), by age group\(^2\), 2010/11 - 2015/16**

Source: SMR04.

1. Includes patients from outwith Scotland treated in Scottish hospitals.
2. Relates to the patients age on admission.

The chart shows a different pattern for discharge numbers in comparison to individual patient numbers:

- The age group with the largest number of discharges (3,469) is the under-15s, whereas the 15-24 year age group has the largest number of patients (285).
- Patients in the under-15 age group have, on average, far more discharges per patient than any other age group (54 discharges per patient, compared to 7 in the 15-24 year age group and just 1.6 in the 55-64 and 65 and over age groups).
- The high number of discharges compared to patients in the under 15 category is driven by high activity in NHS Dumfries and Galloway.

For comparison, the [Scottish Learning Disabilities Observatory](https://www.scotldo.nhs.uk) (SLDO) website shows figures from Scotland’s Census, 2011 on the prevalence of people with learning disability in Scotland. Comparing patient numbers in each age group to the prevalence figure shows that 1.2% of people with learning disabilities in the 0-14 age group had an admission (to the Learning Disability specialty in SMR04) in the period 2010/11 – 2015/16. This increases to between 5 and 6 percent in the age groups 15-24, 25-34, 35-44, 45-54 and 55-64 and 65+ age groups (1.8%).
The rest of this section will look at patients rather than discharges, as the discharge numbers are dominated by NHS Dumfries and Galloway.
Gender

Of all patients treated in the Learning Disability specialty in the period 2010/11 to 2015/16, 714 (60%) were male. This is consistent with figures from the SLDO which show that there are more males than females with learning disabilities living in Scotland (57.5% males and 42.5% females).

Figure 3.3: Patients treated in the Learning Disability specialty, by gender and age group, 2010/11-2015/16

Figure 3.3 shows that there were more male than female patients in each age group. The 15-24 year age group had the largest difference between the genders (65% male) whereas in the older age groups (55-64 and 65+) there was a smaller proportion of male patients (57% male).

Deprivation

The relationship between deprivation and the number of learning disability patients discharged from the Learning Disability specialty was investigated using the Scottish Index of Multiple Deprivation (SIMD). Figure 3.4 below shows the standardised rate by SIMD decile. Patients were allocated to a decile based on the postcode of residence recorded on discharge. For a small number of patients the postcode was either missing or could not be associated with a SIMD decile; these patients were excluded from this analysis.
Figure 3.4: European age-sex standardised rate\(^1\) of patients discharged from the Learning Disability specialty in Scottish hospitals\(^2\), by deprivation deciles\(^3,4\), 2010/11-2015/16

![Bar chart showing the rate of learning disability discharges by deprivation decile.](image)

Source: SMR04.

1. Age-sex standardised rate (per 100,000 population) based on the European Standard Population 2013.
2. Includes Scotland residents only.
3. The population is divided into tenths according to the 2012 Scottish Index of Multiple Deprivation (SIMD). See Glossary.
4. Postcode matching is used to determine the deprivation decile. As this is not possible for a few incorrect or invalid postcodes, the numbers here will be slightly lower than the Scotland total in other tables.

As can be seen from Figure 3.4, there is a strong relationship between deprivation and the rate of learning disability inpatient discharges (relative index of inequality (see Glossary) RII = 0.99). The rate in decile 1 is more than four times higher than the rate in decile 10. This pattern is broadly similar to that seen in the previous Section for patients in psychiatric specialties (Figure 2.3). Numbers and rates of learning disability patients by deprivation decile for individual years 1997/98 to 2015/16 are available in the learning disability data tables accompanying this publication.

The Scottish Commission for Learning Disability (SCLD) website presents a chart showing the population of adults with learning disability by deprivation quintile. This chart shows there are more than two and a half times more adults with learning disability in the most deprived quintile than there are in the least deprived quintile. This reflects the pattern of discharges seen in Figure 3.4.

**Diagnosis**

Discharges from the Learning Disability specialty had various diagnoses recorded, although the vast majority (almost 90%) had a main diagnosis of ICD10 codes F70-79: ‘intellectual disability’. This intellectual disability can range from ‘mild’ to ‘profound’ in severity.

The second most common main diagnosis recorded for these patients was ICD10 code Z70-79: ‘persons encountering health services in other circumstances’. A Z70-79 code was recorded as the main diagnosis for 6% of the learning disability discharges, and for most of these the exact code recorded was Z75.5, ‘holiday relief care’. This is defined as “provision of health-care facilities to a person normally cared for at home, in order to enable relatives to take a vacation”.
Two percent of learning disability discharges were recorded with a main diagnosis of ICD10 codes F20-F29 ‘schizophrenia, schizotypal and delusional disorders’. A further 2% had a main diagnosis of F80-F89 ‘disorders of psychological development’. This category includes various conditions such as autism.
Links to related information sources and publications

Information Services Division

ISD(S)1 – outpatient attendances

Psychiatric outpatient attendances are recorded on the ISD(S)1 scheme (aggregated summary statistics on activity in hospitals and other health care settings in Scotland). Outpatient information is not included in this report, but can be found on the ISD website at Hospital care – Outpatient activity. As an example, the spreadsheet Annual trends in outpatient activity (published in October 2016) indicates that in 2015/16 there were 363,716 new and return outpatient attendances at psychiatric clinics in NHS Scotland.

The completeness of recording return appointments on the SMR00 outpatient appointment/attendance record scheme is improving over time, and in future this data source will be used more to collate data on outpatient attendances at psychiatric clinics. Diagnostic information is not available from either ISD(S)1 or SMR00.

Other sources and information

Information on the following topics which include mental health data is also available on the Mental Health section of the ISD website:

- Child health
- Community Prescriptions
- General Practice
- Health and social community care
- Psychiatric bed provision
- Scottish Patients at Risk of Readmission and Admission Mental Disorder (SPARRA MD) report
- Substance misuse.

In addition, the following are available under Mental health – Related publications:

- Adult mental health benchmarking
- Alcohol related discharges from psychiatric hospitals
- Child and adolescent (CAMHS) benchmarking
- Child and Adolescent Mental Health Services (CAMHS) waiting times
- Child and Adolescent Mental Health Services (CAMHS) workforce
- Dementia
- Electroconvulsive therapy (ECT)
- Medicines for mental health
- Psychological therapies waiting times
- Psychology workforce.
Regarding data on community mental health, the [Community Health Activity Dataset project](#) is underway to develop a robust community health activity and cost dataset.

**Scottish Suicide Information Database (ScotSID)**

The [Scottish Suicide Information Database](#) provides a central repository for information on all recent probable suicide deaths in Scotland, and links these deaths to records of prior health service contact including non-psychiatric inpatients (SMR01), psychiatric inpatients (SMR04) and psychiatric outpatients (part of SMR00).

**Learning disability**

Statistical information on [People with learning disabilities](#) is collated on the ISD website. It includes links to sources of information on adults and children with learning disability in Scotland, including the Scottish Government and the Scottish Consortium for Learning Disability (SCLD).

**The Scottish Public Health Observatory (ScotPHO)**

The Scottish Public Health Observatory website includes a [Mental health](#) topic with extensive information on the background and policy context and data on mental wellbeing and mental health problems for adults and children, specific conditions, vulnerable groups, deprivation, and international comparisons, etc.

The ScotPHO website also includes a [Suicide](#) topic which includes the background and policy context, data on time trends and patterns by different geographies and deprivation levels, as well as UK and international comparisons.

**Scottish Government**

**Mental Health and Learning Disability Bed Census: One Day Audit**

The [Scottish Government’s Mental Health Strategy for Scotland: 2012-2015](#) includes 36 commitments. Commitment 26 stated that “We will undertake an audit of who is in hospital on a given day and for what reason to give a better understanding of how the inpatient estate is being used and the degree to which that differs across Scotland”.

To meet this commitment, the ‘Mental Health and Learning Disability Bed Census: One Day Audit’ and the ‘Mental Health and Learning Disability Patients: Out of Scotland and Out of NHS Placements Census’ were carried out at midnight on 29 October 2014. ISD and the Scottish Government (Health Analytical Services Division) worked together to use the information collected in SMR04 to quality assure the results of the audit. Further information about the audit, and the results published in June 2015, can be found on the [Scottish Government’s website](#).

A second [inpatient census](#) was carried out at midnight on 31 March 2016. It had three parts covering beds, out of NHS Scotland placements, and complex clinical care.
This report, published in January 2015, explores factors associated with mental wellbeing and mental health among adults in Scotland using data from the Scottish Health Survey. Analyses are based on survey years 2012 to 2013.

Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions.

The Commission produces annual statistical monitoring reports based on an independent overview of the operation of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. This is a legal requirement and is embedded in legislation.

The Commission receives notifications of most interventions under the Mental Health (Care & Treatment) (Scotland) Act 2003. It uses these to report on how the Act is used and to monitor trends over time and geographical variations. A range of data is held, including emergency detentions and short term detentions under the Act, for which certificates are issued. These detentions include cases of formal admission to hospital, about which each NHS Board notifies the Commission.

Differences between SMR04 and Mental Welfare Commission for Scotland data

Formal admission records on the SMR04 mental health inpatient record scheme will overlap with the Commission’s records on emergency and short term detention certificates which relate to hospital care. Note, however, that:

- most SMR04 records relate to informal admissions, which the Commission does not routinely record.
- the Commission’s records include those relating to formal community-based care as well as hospital-based care. SMR04 is purely for hospital care.

It is therefore not advisable to try and compare the two data sources.

Health and Social Care Information Centre (English mental health data)

The Health and Social Care Information Centre (HSCIC) publishes the following mental health data for England:

- The Mental Health Bulletin, e.g. the Mental Health Bulletin, Annual Report - 2015-16, which contains annual data on patients using adult secondary mental health and learning disability services. This contains information from the Mental Health Minimum Dataset (MHMDS) and the Mental Health and Learning Disabilities Dataset (MHLDDS). It is not comparable with the hospital discharge data for Scotland in this report as it is not limited solely to hospital inpatient care, and is limited to services for adults only.

- The National Statistics report on uses of the Mental Health Act 1983 and detained patients, e.g. Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2015-2016, Annual figures.

- Routine statistics on hospital discharges from the Hospital Episode Statistics database. These data are not comparable to those in this publication as they are not restricted to
Mental Health. HES covers all discharges, outpatient appointments and A&E attendances at NHS hospitals in England.

**Scottish Commission for Learning Disability**

The [Scottish Commission for Learning Disability](#) aims to be a knowledge hub – offering support, information and new ideas about learning disability in Scotland. The commission does this by:

- **Engaging** with a wide range of stakeholders including the people who commission and provide services for people with learning disabilities, those who act as advocates or are working in research, as well as people with learning disabilities and carers.
- **Sharing innovation and good practice** – so that those providing services and interventions can learn from each other.
- Building an **evidence** base, sharing how policy is being implemented and building an understanding of what really works.

**Scottish Learning Disabilities Observatory**

The Scottish Learning Disabilities Observatory is funded by the Scottish Government. It was set up to provide better information about the health and health care of people with learning disabilities and people with autism in Scotland. The Observatory aims to:

- Produce high quality evidence to support learning disability policy and practice.
- Work with partners to help to build more sustainable approaches to increasing the visibility of people with learning disabilities in data.

The Observatory play a key role in supporting the delivery of 'the keys to life', the national learning disability strategy for Scotland. The team is based in the Institute of Health and Wellbeing at the University of Glasgow. The [Scottish Learning Disabilities Observatory website](#) presents information from the observatory's work programme including searchable data about the population of people with learning disabilities and people known to have autism from Scotland's Census 2011.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admission</strong></td>
<td>A new admission record (or episode) is created whenever a patient is admitted to hospital or experiences a change of specialty, consultant, significant facility or hospital.</td>
</tr>
<tr>
<td><strong>Age-sex standardised rate</strong></td>
<td>European age-sex standardised rate or EASR, usually expressed per 100,000 population. Standardising for age and sex allows comparisons between different populations and over time where population structures change. In this report, all rates are directly standardised to the European Standard Population (ESP) 2013. For further details on standardising, see ScotPHO Methodology.</td>
</tr>
<tr>
<td><strong>Average length of stay</strong></td>
<td>Average length of a continuous inpatient stay in hospital for a specified group of patients.</td>
</tr>
<tr>
<td><strong>Community Health Index (CHI)</strong></td>
<td>The Community Health Index or CHI number is the unique Scottish number for any health communication for a given patient. It is a ten-digit number created from a patient’s date of birth and four other numbers. All patients who register with a GP will be allocated a CHI number.</td>
</tr>
<tr>
<td><strong>Confidence interval for a European age-sex standardised rate (EASR)</strong></td>
<td>The difference between the upper and lower confidence limit defines the confidence interval. The 95% confidence interval indicates the degree of uncertainty around the EASR; 95 times out of 100, the interval will include the true underlying rate. The width of the confidence interval depends on the size of the population and the underlying variability in the data.</td>
</tr>
<tr>
<td><strong>Continuous inpatient stay (CIS or ‘stay’)</strong></td>
<td>An unbroken period of time that a patient spends as an inpatient. A patient may change consultant, significant facility, specialty and/or hospital during a continuous inpatient stay.</td>
</tr>
<tr>
<td><strong>Crude rate</strong></td>
<td>The annual number of events relative to the size of the population, usually expressed per 100,000 population. The crude rate takes no account of differences between populations with regard to age and gender composition.</td>
</tr>
</tbody>
</table>
Day case

A patient who makes a planned attendance to a specialty for clinical care, sees a doctor or dentist or nurse (as the consultant’s representative) and requires the use of a bed or trolley in lieu of a bed. The patient is not expected to, and does not, remain overnight.

Decile

Refers in this report to a tenth of the Scottish population, defined by the SIMD so that the ten groups of data zones range from the most deprived to the least deprived.

Deterministic matching

Used to link datasets for an individual when there is a common unique identifier in both datasets, for example the CHI number.

Discharge

A hospital discharge marks the end of an episode of care. Discharges include deaths, transfers to other specialties/ significant facilities and hospitals, and discharges home or to other regular place of residence.

Episode (of care)

An episode of care runs from a hospital admission until the discharge.

European age-sex standardised rate (EASR)

See age-sex standardised rate above.

Forensic Psychiatry

A specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.

Formal admission

A formal admission to psychiatric inpatient facilities under the jurisdiction of the Mental Health (Scotland) Acts 1960 and 1984 or the Mental Health (Care and Treatment) (Scotland) Act 2003. This is recorded on SMR04.

Hospital resident

In this report, a hospital resident is defined as an individual who is an inpatient in a mental health specialty at a given point in time. The figure is not a direct count but rather is calculated from the number of people with an SMR04 admission record but no discharge record, at midnight on 31 March (before the beginning of the next financial year on 1 April). Although the term ‘hospital resident’ is used for simplicity, some people will be looked after in care homes (under contract to the local NHS Board).

ICD-10

The International Classification of Diseases and Related Health Problems, Tenth Revision (World Health Organization).
<p>| <strong>Index of inequality</strong> | A measure of the difference or inequality between rates for different SIMD (see below) deciles. The slope index of inequality (SII) is the gradient of the rate across the deciles and describes the absolute inequality, while the relative index of inequality (RII) is found by dividing the SII by the overall rate for the total population. More information is available from the ScotPHO report Measuring socio-economic inequalities in health: a practical guide. |
| <strong>Informal admission</strong> | A voluntary admission to psychiatric inpatient facilities, not under the jurisdiction of any Mental Health act, recorded on SMR04. |
| <strong>Inpatient</strong> | A patient who generally occupies an available staffed bed in a hospital and is expected to remain overnight; or is admitted as an emergency or urgent case, regardless of length of stay. Note that a psychiatric patient who is on leave of absence from the hospital must, for legal reasons, be regarded as an inpatient for the duration of their absence which may be for up to 6 months. As of 1 April 2016 patients on pass should be recorded as inpatients for the full time they are on pass. For full definition, see ISD data dictionary. |
| <strong>Information Services Division (ISD)</strong> | Information Services Division of NHS National Services Scotland. |
| <strong>NHS Board of residence</strong> | One of the 14 territorial NHS Boards in Scotland (‘Health Boards’) in which patients live. This is based on the postcode of their home address). The population of nine of the NHS Boards of residence was affected by the boundary changes on 1 April 2014, and this report uses the new NHS Boards throughout, for all years of data. |
| <strong>NHS Board of treatment</strong> | One of the 14 territorial NHS Boards in Scotland (‘Health Boards’) with facilities in which patients are treated. There are no SMR04 data by NHS Board of treatment for Orkney and Shetland because these Boards do not have mental health inpatient facilities. |
| <strong>National Records of Scotland (NRS)</strong> | National Records of Scotland (established on 1 April 2011, following the merger of the General Register Office for Scotland (GROS) and the National Archives of Scotland). |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td>A patient who attends a consultant or other medical clinic, or has an arranged meeting with a consultant or a senior member of his team outside a clinic session. Outpatients are categorised as new outpatients or follow-up (return) outpatients.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>In this report, a patient is defined as an individual discharged from hospital (including as a transfer out) at least once during the financial year.</td>
</tr>
<tr>
<td><strong>Probability matching</strong></td>
<td>In linking data from different datasets for an individual, probability matching uses a set of identifiers to estimate the probability that two records correspond.</td>
</tr>
<tr>
<td><strong>Quintile</strong></td>
<td>Refers in this report to a fifth of the Scottish population, defined by the SIMD so that the five groups of data zones range from the most deprived to the least deprived.</td>
</tr>
<tr>
<td><strong>Relative Index of Inequality (RII)</strong></td>
<td>A measure of inequality between SIMD deciles, relative to the average rate of the quantity across the whole population. See Index of inequality above.</td>
</tr>
<tr>
<td><strong>Resident</strong></td>
<td>See hospital resident above.</td>
</tr>
<tr>
<td><strong>Significant facility</strong></td>
<td>A type of clinical facility which is identified for clinical and/or costing purposes. (Some examples of psychiatric significant facilities are: 1R - intensive psychiatric care unit, 1T - psychiatric rehabilitation unit, 1Q - secure psychiatric inpatient facility.)</td>
</tr>
<tr>
<td><strong>Scottish Index of Multiple Deprivation (SIMD)</strong></td>
<td>The SIMD uses a wide range of information for small areas (data zones) to identify concentrations of multiple deprivation across Scotland. See also decile and quintile above.</td>
</tr>
<tr>
<td><strong>Slope Index of Inequality (SII)</strong></td>
<td>A measure of absolute inequality in rates between SIMD deciles. See Index of inequality above.</td>
</tr>
<tr>
<td><strong>SMR01</strong></td>
<td>Scottish Morbidity Record 01 – an episode-based patient record relating to all inpatients and day cases discharged from NHS mental health (psychiatric) specialties in Scotland. For further details see Appendix 1.</td>
</tr>
</tbody>
</table>
| **SMR04**                                 | Scottish Morbidity Record 04 – an episode-
based patient record relating to all inpatients and day cases admitted to and discharged from NHS mental health (psychiatric) specialties in Scotland. For further details see Appendix 1.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>A division of medicine or dentistry covering a specific area of clinical activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban rural classification</td>
<td>This <a href="#">classification</a> was devised by the Scottish Government from two main criteria: settlement size (as defined by NRS); and accessibility (based on drive time analysis to differentiate between accessible and remote areas).</td>
</tr>
</tbody>
</table>
List of Tables

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1.1</td>
<td>Numbers of discharges and patients with a main diagnosis of mental and behavioural disorders, treated in Scottish hospitals, by specialty, 2015/16.</td>
<td>2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Table 1.2</td>
<td>ICD10 chapter V sub categories and examples of conditions in each grouping.</td>
<td>N/A</td>
<td>ICD-10</td>
</tr>
<tr>
<td>Table 1.3</td>
<td>Continuous Inpatient Stays (CISs) with a main diagnosis of mental and behavioural disorders which involve transfers between psychiatric and non-psychiatric specialties, Scottish hospitals, 2010/11-2015/16.</td>
<td>2010/11 to 2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Table 3.1</td>
<td>Discharges, CISs, patients and average length of stay in Learning Disability specialty, by NHS Board of treatment¹, 2010/11-2015/16.</td>
<td>2010/11 to 2015/16</td>
<td>Section-3-Learning-Disability [478kb]</td>
</tr>
</tbody>
</table>

List of Figures

<table>
<thead>
<tr>
<th>Figure No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1.1</td>
<td>Treatment settings for mental health or learning disability inpatients discharged from hospitals in Scotland, 2015/16</td>
<td>2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Figure 1.2</td>
<td>Discharges with a main diagnosis of mental and behavioural disorders, by specialty type, 1997/98–2015/16</td>
<td>1997/98 to 2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Figure 1.3.1</td>
<td>Discharges from psychiatric specialties with a main diagnosis of mental and behavioural disorders, by selected diagnosis groupings, 1997/98–2015/16</td>
<td>1997/98 to 2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Figure 1.3.2</td>
<td>Discharges from non-psychiatric specialties with a main diagnosis of mental and behavioural disorders, by selected diagnosis groupings, 1997/98–2015/16</td>
<td>1997/98 to 2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Figure 1.4.1</td>
<td>Percentage of patients with a main diagnosis of mental and behavioural</td>
<td>2010/11 to 2015/16</td>
<td>Section-1-MH-patients-treated-in-all-hospital [82kb]</td>
</tr>
<tr>
<td>Figure 1.4.2</td>
<td>Percentage of patients with a main diagnosis of mental and behavioural disorders discharged from hospitals in Scotland, by specialty type and NHS board of treatment, 2010/11 - 2015/16</td>
<td>2010/11 to 2015/16</td>
<td></td>
</tr>
<tr>
<td>Figure 1.5</td>
<td>Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by main diagnosis grouping and specialty type, 2010/11 - 2015/16</td>
<td>2010/11 to 2015/16</td>
<td></td>
</tr>
<tr>
<td>Figure 1.6</td>
<td>Patients with a main diagnosis of mental and behavioural disorders discharged from hospitals in Scotland, by age group and specialty type, 2010/11-2015/16</td>
<td>2010/11 to 2015/16</td>
<td></td>
</tr>
</tbody>
</table>

**Section 2**

| Figure 2.1 | Mental health inpatients in psychiatric specialties in Scottish hospitals number of admissions, discharges, CIS, patients and hospital residents, 1983/84 to 2015/16 | 1983/84 to 2015/16 [Section-2-1-Scotland-NHSboard-LA [704kb]] |
| Figure 2.2 | Numbers and European age-sex standardised rates (EASRs) of mental health inpatient discharges from psychiatric specialties in Scottish hospitals during 2015/16, and hospital residents as at 31 March 2016, by NHS Board of residence | 2015/16 [Section-2-2-Deprivation-UrbanRural [413kb]] |
| Figure 2.3 | European age-sex standardised rate (EASR) of patients discharged from psychiatric specialties in Scottish hospitals, by deprivation decile, 2015/16 | 2015/16 [Section-2-3-Deprivation-UrbanRural [413kb]] |

**Section 3**

| Figure 3.1 | Trend in discharges, CISs and patients discharged from the Learning Disability specialty in Scotland, 1997/98-2015/16 | 1997/98 to 2015/16 [Section-3-Learning-Disability [478kb]] |
| Figure 3.2 | Discharges and patients in Learning Disability specialty, by age group, 2010/11 - 2015/16 | 2010/11 to 2015/16 |
| Figure 3.3 | Patients treated in the Learning Disability specialty, by gender and age group, 2010/11-2015/16 | 2010/11 to 2015/16 |
| Figure 3.4 | European age-sex standardised rate of patients discharged from the Learning Disability specialty in Scottish hospitals, by deprivation deciles, 2010/11-2014/15 | 2010/11 to 2015/16 |
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Further Information

Information on the population prevalence of common mental health problems, and indicators of mental wellbeing, can be found on the Scottish Public Health Observatory’s Mental Health web pages.

Further information can be found on the ISD website

NHS Performs

A selection of information from this publication is included in NHS Performs. NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

A1 – Background Information

SMR01
A Scottish Morbidity Record 01 (SMR01) should be submitted for every episode of inpatient or day case care in an acute, non-psychiatric, non-obstetric specialty in a Scottish NHS hospital. In addition, if the NHS contracts out acute care to a private care home or hospital, an SMR01 record should be generated for each inpatient or day case episode.

SMR01 records are submitted when a patient is discharged (eg to home) or transferred to the care of another clinician, specialty, significant facility or hospital.

Further details on the SMR01 scheme and fields available for analysis are included in the ISD Data dictionary.

SMR04
A Scottish Morbidity Record 04 (SMR04) should be submitted for every episode of inpatient or day case care in a mental health specialty in a psychiatric hospital or unit, or in a facility treating people with learning disabilities, in NHS Scotland. In addition, if the NHS contracts out psychiatric care or learning disability to a private care home or hospital, an SMR04 record should be generated for each inpatient or day case episode.

When the SMR04 scheme was originally developed, inpatient stays in mental health specialties were often quite lengthy – perhaps several years – and this is still sometimes the case. To enable up-to-date monitoring of activity, the SMR04 record was developed with two elements: one completed and submitted on admission; and one completed and submitted on discharge. This was to ensure that it was not necessary to wait until discharge for information on the admission to become available (but if the stay is short, the admission and discharge information can be submitted together).

The SMR04 record allows patients to be allocated to the following specialties: General Psychiatry; Child Psychiatry; Adolescent Psychiatry; Child and Adolescent Psychiatry; Forensic Psychiatry; Psychiatry of Old Age; and Learning Disability. In this report, Child Psychiatry and Adolescent Psychiatry are considered together.

Further details on the SMR04 scheme and fields available for analysis are included in the ISD Data dictionary.

All SMR records
SMR01 and SMR04 records are sent by NHS Boards to ISD for central collation and analysis. Hospital episodes are combined into continuous inpatient stays, and then aggregated up to patient level, using record linkage. Historically ISD did this using probability matching, but increasingly we use deterministic (exact) matching based on the assigned Community Health Index (CHI) number. (See Glossary for explanation of terms.)
A2 - Data completeness

SMR01

Estimates by ISD of the completeness of datasets in 2015/16 indicate that SMR01 overall is 98% complete, while NHS Lothian have the lowest levels of completeness at 93% each, followed by NHS Highland at 96% and NHS Lanarkshire at 98%. NHS Fife, Grampian and Dumfries and Galloway each have a completeness level of 99%.

It is not known exactly how many records these slight undercounts relate to in this publication, as this publication only reports on a subset of all SMR01 records (those with a mental health related main diagnosis).

SMR04

The SMR04 record is complicated by having a two-part structure (admission and discharge). It is necessary for ISD to continually monitor the number of residents, any duplicate records and overlapping stays, and feed back and help resolve any issues with the relevant boards. There are ongoing efforts by NHS boards and ISD to improve the completeness of the dataset. However, outstanding issues in three areas, NHS Grampian, NHS Borders and NHS Highland, need mention.

NHS Grampian and Borders have a low submission of discharge records; estimated to be 86% and 93% complete for 2015/16 respectively at the time of data extraction for this publication. In general a deficit of discharge records inflates the number of residents, as patients who have been discharged still appear as if they are resident in hospital. While this is not immediately apparent in this years report as there are no spikes in resident activity for either board, a comparison to last years report for Borders show the effect of low submission of discharge records. In last years analysis, Borders showed an increase in residents in 2014/15 whereas this year their resident trend is decreasing as the submission percentage improved. As such we believe that the resident figures for 2015/16 will be inflated for all health boards where submissions are low.

NHS Highland moved to a new patient management system at the start of March 2014 and has struggled to achieve 100% submission of records since then. In this publication, discharges in NHS Highland in financial year 2014/15 are estimated to be 83% complete and in 2015/16 84% complete.

NHS Lanarkshire (99%) and Dumfries and Galloway (99%) are other areas with less than 100% completeness estimates for discharges for 2015/16 at the time of producing the report. However this does not relate to a large number of records.

Even with the completeness issues detailed above, ISD completeness estimates show that in 2015/16, the undercounts were estimated to have reduced the Scotland total by around 3% (683 records compared to the recorded total of 22,752). As this was a small effect, no attempt was made to correct the data for this year. Similarly, the 2015/16 data were not corrected for the missing Borders and Highland records.
### A3 – Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>Hospital inpatient care of people with mental health problems in Scotland</td>
</tr>
<tr>
<td>Description</td>
<td>Mental health hospital inpatient (and day case) information within Scotland, drawn from hospital administrative systems. The data sources are the SMR01 (acute) and SMR04 (mental health) returns for admissions to and discharges from NHS hospitals in Scotland.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks, PDF document</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Scottish Morbidity Record 01 (SMR01), Scottish Morbidity Record 04 (SMR04); NRS mid-year population estimates (with recent years rebased following the 2011 Census).</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>January 2017</td>
</tr>
<tr>
<td>Release date</td>
<td>14 March 2017</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>SMR01 and SMR04 data up to 31 March 2016. Publication delayed from February 2016 due to data completeness issues in SMR04.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Report includes figures and tables showing time trends from financial year 1983/4 or 1997/98 to 2015/16.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>As with other SMR data collections, SMR01 and SMR04 are dynamic and each new publication includes revised data for previous years. In addition, planned revisions are a feature of this publication's release.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>There are no major revisions to highlight in this years report. Each year the data are re-extracted to ensure the long term trend data built up over time is more robust. The SMR01 and SMR04 datasets are dynamic and subject to change. Improvements in completeness of records over time often results in differences to previously published information. An example of which is given from table 1.2.1 in this years publication, the all specialties 2014/15 figures are shown below.</td>
</tr>
<tr>
<td>**Date of Snapshot</td>
<td>Previously Published</td>
</tr>
<tr>
<td>2014/15</td>
<td>36,291</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>See SMR01 records, SMR04 records and Glossary.</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>See Appendix 4.</td>
</tr>
</tbody>
</table>
| **Accuracy** | The figures in this report are compared to previously published data and expected trends.  
An ISD data quality assurance exercise for SMR04 was carried out during 2016/17, with assessment of agreed data items at submitting hospital sites across mainland Scotland. The results should be available soon. |
| **Completeness** | See Appendix 2 for details of completeness issues related to this publication. See also spreadsheet with SMR completeness estimates published on ISD website (but bear in mind that the data in this report were acquired in late January 2017). |
| **Comparability** | See Links to other information sources. |
| **Accessibility** | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. |
| **Coherence and clarity** | The report includes a hyperlinked contents page, a glossary, and links to the supporting Excel spreadsheets. These files, and a publication summary, are all available on ISD’s website under Mental health – publications. |
| **Value type and unit of measurement** | Numbers, percentages, crude rates and European age-sex standardised rates (EASRs) per 100,000 population. |
| **Disclosure** | The ISD Statistical Disclosure Protocol is followed. |
| **Official Statistics designation** | Official Statistics |
| **UK Statistics Authority Assessment** | Assessed by the UK Statistics Authority |
| **Last published** | 10 May 2016 |
| **Next published** | December 2017 |
| **Date of first publication** | Web publication from 2003 |
| **Help email** | nss.isdmamentalhealth@nhs.net and see contact details listed above. |
| **Date form completed** | 02/03/2017 |
A4 - Use of published SMR04 statistics

There are many users of this publication and the SMR04 data in general. These include the Scottish Government, Scottish Parliament, NHS Board Chief Executives and Information Departments, NHS clinical and medical staff, ISD, other NHS organisations (eg Health Protection Scotland, NHS 24), Audit Scotland, private research and pharmaceutical companies, charities, students and members of the public.

The information is used for many purposes, including:

- NHS Boards benchmarking their performance against other NHS Boards.
- Scottish Government Health Department for a variety of purposes, including analytical support, briefing and advice to policy, ministerial and press colleagues and to support the development, implementation and monitoring of policy and performance.
- Suicide prevention work through the Scottish Suicide Information Database (ScotSID) which links recent probable suicide deaths to prior health service contact including psychiatric inpatients.
- ISD and Scottish Government to reply to questions raised in the Scottish Parliament.
- By National Records of Scotland to estimate populations in long-term care in psychiatric hospitals.
- SMR04 data are part of the ACaDMe datamart linking acute (SMR01), mental health (SMR04), cancer registration (SMR06) and deaths records from NRS (National Records of Scotland), and this is used for many purposes.
- Historically, national NHS performance targets (HEAT targets) were included in the mental health publication to allow NHS Boards and the Scottish Government to monitor NHS Boards' performance, eg for psychiatric readmissions within 12 months of discharge.
- Supporting local, regional and national planning and monitoring.
- Comparative data across Scotland and within the UK and for other European countries are included in databases collated by organisations such as ONS, OECD, WHO and ScotPHO (the Scotland and European Health for All Database).
- A range of users request information on the number of admissions with specific diagnoses and by particular geographic breakdowns.
- Individual researchers use the data for epidemiological studies and as baseline information.
- Press and media use the information to inform public debate and discussion.

Examples of particular requests from students, researchers and private companies:

- The number of patients with a mental illness by urban/rural description.
- The number of admissions to mental health hospitals with a diagnosis of autism spectrum disorder.
- Mental illness discharges by admission type, diagnosis, gender and age group.
- Anorexia & bulimia data for the past 5 years.
- Discharges from psychiatric hospitals in Scotland with a diagnosis of schizophrenia.
Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads
A6 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.